



TREASURER-TAX COLLECTOR

COUNTY ADMINISTRATION CENTER • 1600 PACIFIC HIGHWAY, ROOM 112
SAN DIEGO, CALIFORNIA 92101-2475 • (619) 531-5225 FAX (619) 595-4605

website: <http://www.sdtreastax.com>



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CLAIM FOR REFUND OF TRANSIENT OCCUPANCY TAX ("HOTEL TAX")

Please submit this completed and signed form to the Treasurer-Tax Collector (A-57) at the County Administration Center, 1600 Pacific Highway, Room 112, San Diego, CA 92101.

Claimant Name (Please Print): _____

Claimant Address: _____

Home Phone: _____ Business Phone: _____

I am submitting this claim for a refund of the difference between 8% and the 9% hotel tax applied to the lodging costs paid to a hotel based on the following facts:

1. I occupied a hotel in an unincorporated area of the County of San Diego on the following dates:

(Note: To be eligible for reimbursement, a claim must be filed with the Tax Collector no later than August 1, 2008.)

2. The hotel operator applied a hotel tax rate of 9% to the cost of lodging that I paid to occupy the hotel. I am entitled to a refund in the amount of \$ _____. This refund amount is the difference between the 9% tax rate that I paid and the 8% tax rate that should have been applied.
3. I have attached a true and correct copy of the receipt that evidences the following: (a) the bill was in my name and I paid the bill, (b) the tax amount paid to the operator, (c) the dates of occupancy, and (d) the location of the hotel. I also certify that the hotel has not refunded or credited to me any amount of the tax that the enclosed receipts indicate was paid.
4. That upon my receipt of the refund I am claiming, I hereby release and discharge the County of San Diego and its officers, employees, agents, and assigns, from all claims and causes of action of any kind, present or future, known or unknown, relating to this claim.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signature of Claimant

Date